



Child & Adult Care Food Program

Family Day Care Homes

CNP Web Tutorial

FY2017

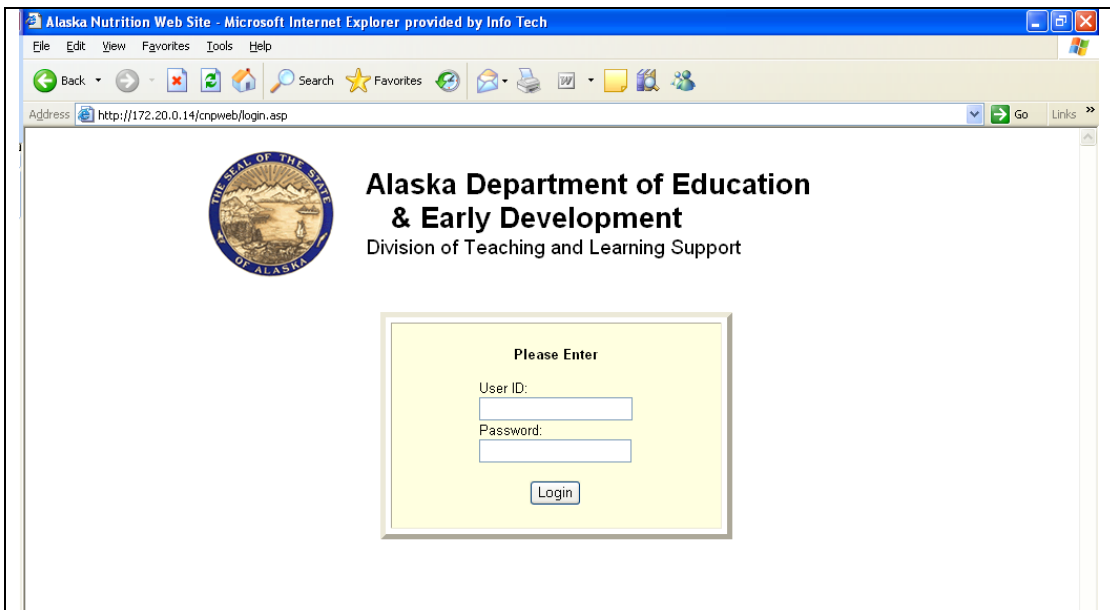

Child Nutrition Services
Teaching and Learning Support
801 West 10th Street, Suite 200
P.O. Box 110500
Juneau, Alaska 99811-0500
Phone (907) 465-8711
Fax (907) 465-8910

Please note, our database is frequently modified by our contractor so the screen prints that you see in this tutorial may not match exactly with what you see on your screen. If you have questions you may contact CNP for guidance.

Bookmark the following URL address for EED Child Nutrition Services webpage: –
<http://www.education.alaska.gov/tls/cnp/>

Use this to access the CNP Web Login in right hand column

Login screen

 A screenshot of a web browser window showing the login page for the Alaska Department of Education & Early Development. The browser title is "Alaska Nutrition Web Site - Microsoft Internet Explorer provided by Info Tech". The address bar shows "http://172.20.0.14/cnpweb/login.asp". The page features the Alaska Department of Education & Early Development logo and the text "Alaska Department of Education & Early Development Division of Teaching and Learning Support". A yellow box contains the login form with the text "Please Enter", "User ID:", "Password:", and a "Login" button. <p>Alaska Nutrition Web Site - Microsoft Internet Explorer provided by Info Tech</p> <p>File Edit View Favorites Tools Help</p> <p>Back Forward Stop Home Search Favorites</p> <p>Address http://172.20.0.14/cnpweb/login.asp Go Links</p> <p> Alaska Department of Education & Early Development Division of Teaching and Learning Support</p> <p>Please Enter</p> <p>User ID: <input type="text"/></p> <p>Password: <input type="password"/></p> <p>Login</p>	<p>Type in your User ID and Password that will have been provided by CNP.</p>
---	--



Alaska Department of Education & Early Development

Division of Teaching and Learning Support



Click on a puzzle piece above for the Child Nutrition Program you wish to access!

[Exit Web Site](#)

Click on the orange puzzle piece to enter the CACFP Database

Welcome to the Child and Adult Care Food Program (CACFP)

View the most current CACFP Child Care Bulletin:
[2017-02](#)

USDA CACFP Policy Memos:

[04-2017 Area Eligibility in Child Nutrition Programs](#)

[03-2017 Q&A: Purchasing Goods and Services Using Cooperative Agreements, Agents, and Third-Party Services](#)

[02-2017 Grain Requirements in the Child and Adult Care Food Program: Q & A's](#)

[01-2017 Updated Fiscal Year Reporting Timeline and Reporting Table](#)

[27-2016 Clarifications: Funding Levels for FY2017 CACFP Audit Fund Allocation](#)

[26-2016 Meal Service During Unanticipated School and Day Care Closures](#)

[25-2016 Vegetable & Fruit Requirements in the CACFP Q&A's](#)

[24-2016 Conducting Five-Day Reconciliation in CACFP with Q&A's](#)

[23-2016 Feeding Infants and Meal Pattern Requirements in the CACFP Q&A's](#)

Date Issued:

12/1/16

10/19/2016

10/14/2016

10/6/2016

9/29/2016

9/9/2016

9/9/2016

9/7/2016

8/31/2016

Read Welcome page for any new alerts regarding the CNP Web, and click on Continue at the bottom of the page

Prior to starting FY2017 make sure you close out any providers who are not continuing into FY2017. They will not roll forward if you close them out in FY2016. Use the CLOSE DATE – NOT the TERMINATED DATE.

Alaska Department of Education & Early Development
CACFP Child and Adult Care Food Program
 Applications Advances Accounting Maintenance Reports Resources
 Home > Application Menu > Form Status
 Program Year: 2014 Sponsor: 000000-No Sponsor Selected

Program Year Selection

Program Year	Program Begin Date	Program End Date
2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012
2013	October 1, 2012	September 30, 2013
2014	October 1, 2013	September 30, 2014

Select the program year you wish to update (2017)

*Note- you can view prior year's program information & claims but please do not edit any prior year information.

↓ Bottom of Form

Sponsor Summary CACFP New Sponsor (500)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet		Add
Center Info Sheet				
501 New Sponsor Site		No Information Sheet		

↑ Top of Form

The sponsor sheet and sites from prior years will come forward into the new year. You will need to click the "Add" button to update your sponsor information sheet.

Program Year: 2014 Sp

CACFP Alaska Dept of Education & Early Development
 Sponsor Information Sheet
CACFP TEST (501) 2013-2014 Program Year
 Pending Submission
 New Application
 D-U-N-S® Number: has not been entered

↓ Bottom of Form

If available, please enter Sponsor's D-U-N-S® #

Mailing Address **Street Address**

(1) Addr1: <input type="text"/>	(6) Addr1: <input type="text"/>
(2) Addr2: <input type="text"/>	(7) Addr2: <input type="text"/>
(3) City: <input type="text"/>	(8) City: <input type="text"/>
(4) State: <input type="text" value="AK"/>	(9) State: <input type="text" value="AK"/>
(5) Zip Code: <input type="text"/>	(10) Zip Code: <input type="text"/>

Review your addresses and update as necessary.

Authorized Representative **Food Program Contact**

First	MI	Last	First	MI	Last
(11) Name: Ms. <input type="text"/>	<input type="text"/>	<input type="text"/>	(20) Name: Ms. <input type="text"/>	<input type="text"/>	<input type="text"/>
(12) Title: <input type="text"/>			(21) Title: <input type="text"/>		
(13) E-mail: <input type="text"/>			(22) E-mail: <input type="text"/>		
(14) Phone: <input type="text"/>	(15) Ext: <input type="text"/>		(23) Phone: <input type="text"/>	(24) Ext: <input type="text"/>	
(16) Fax: <input type="text"/>	(17) Ext: <input type="text"/>		(25) Fax: <input type="text"/>	(26) Ext: <input type="text"/>	
(18) Cell: <input type="text"/>			(27) Cell: <input type="text"/>		
(19) Contact's Address: <input type="text" value="Mailing Address"/>			(28) Contact's Address: <input type="text" value="Mailing Address"/>		

☐ Check here to copy Authorized Representative to Food Program Contact

Review your authorized representative and food program contact & update as necessary. If you are a non-profit there should be two different names.

<p>Financial Contact</p> <p>(29) Name: Ms. First MI Last</p> <p>(30) Title: <input type="text"/></p> <p>(31) E-mail: <input type="text"/></p> <p>(32) Phone: <input type="text"/> (33) Ext: <input type="text"/></p> <p>(34) Fax: <input type="text"/> (35) Ext: <input type="text"/></p> <p>(36) Cell: <input type="text"/></p> <p>(37) Contact's Address: Mailing Address</p>	<p>Review your financial contact and update as necessary. This is the person the CNP Specialist would call if questions arise.</p>																																																
<p>General Information</p> <p>(38) Type of Sponsoring Authority: Public FEIN: <input type="text"/></p> <p>(39) Sponsoring Type: <input checked="" type="radio"/> Independent Sponsor (One Center) <input type="radio"/> Sponsoring Organization</p> <p>If Sponsoring Organization selected above, check all entity types that are sponsored</p> <p>(40) <input type="checkbox"/> Homes <input type="checkbox"/> Centers that are legal entities of the sponsor <input type="checkbox"/> Centers that are not legal entities of the sponsor</p> <p>List Below the Media Source(s) to which the media release will be sent upon application approval</p> <p>(41) <input type="text"/></p>	<p>Make sure we have the correct type of sponsoring authority: *public *private non-profit *private for-profit (If not, let CNP Specialist know the discrepancy.)</p> <p>Answer the questions.</p>																																																
<p>For Sponsors of Centers Only</p> <p>(45) USDA Commodities are available to sponsors of centers. Please select either Cash-In-Lieu (CIL) of Commodities or Government Donated Commodities.</p> <p><input type="radio"/> Cash-in Lieu of Government-donated Commodities <input type="radio"/> Government Donated Commodities</p> <p>Number of Sites/Homes</p> <table border="1"> <thead> <tr> <th>Pricing Sites</th> <th>Non-Pricing Sites</th> <th>Tier I Homes</th> <th>Tier II Homes</th> <th>Tier II Mixed Homes</th> </tr> </thead> <tbody> <tr> <td>(46) 0</td> <td>(47) 0</td> <td>(48) 0</td> <td>(49) 0</td> <td>(50) 0</td> </tr> </tbody> </table>	Pricing Sites	Non-Pricing Sites	Tier I Homes	Tier II Homes	Tier II Mixed Homes	(46) 0	(47) 0	(48) 0	(49) 0	(50) 0	<p>Disregard question #48 if no centers.</p> <p>The number of homes will be updated by your provider information sheets. (it will autofill)</p>																																						
Pricing Sites	Non-Pricing Sites	Tier I Homes	Tier II Homes	Tier II Mixed Homes																																													
(46) 0	(47) 0	(48) 0	(49) 0	(50) 0																																													
<table border="1"> <thead> <tr> <th colspan="4">Confidential Income Statement Categorization ¹</th> <th colspan="4">Claim Reimbursement Certification ²</th> </tr> <tr> <th></th> <th>First</th> <th>MI</th> <th>Last</th> <th></th> <th>First</th> <th>MI</th> <th>Last</th> </tr> </thead> <tbody> <tr> <td>(51) Name:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(56) Name:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>(52) Title:</td> <td colspan="3"><input type="text"/></td> <td>(57) Title:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>(53) E-mail:</td> <td colspan="3"><input type="text"/></td> <td>(58) E-mail:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>(54) Phone:</td> <td><input type="text"/></td> <td>(55) Ext:</td> <td><input type="text"/></td> <td>(59) Phone:</td> <td><input type="text"/></td> <td>(60) Ext:</td> <td><input type="text"/></td> </tr> </tbody> </table> <p>¹ Enter the name, title, phone number and email address of the person who is responsible for approving the application for free and reduced-price meals</p> <p>² Enter the name, title, phone number and email address of the person person who is responsible for certifying the claim for reimbursement</p>	Confidential Income Statement Categorization ¹				Claim Reimbursement Certification ²					First	MI	Last		First	MI	Last	(51) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(56) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(52) Title:	<input type="text"/>			(57) Title:	<input type="text"/>			(53) E-mail:	<input type="text"/>			(58) E-mail:	<input type="text"/>			(54) Phone:	<input type="text"/>	(55) Ext:	<input type="text"/>	(59) Phone:	<input type="text"/>	(60) Ext:	<input type="text"/>	<p>Enter staff person responsible for the Confidential Income Statements (Free/Red Apps) & the Claim for Reimbursement.</p>
Confidential Income Statement Categorization ¹				Claim Reimbursement Certification ²																																													
	First	MI	Last		First	MI	Last																																										
(51) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(56) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>																																										
(52) Title:	<input type="text"/>			(57) Title:	<input type="text"/>																																												
(53) E-mail:	<input type="text"/>			(58) E-mail:	<input type="text"/>																																												
(54) Phone:	<input type="text"/>	(55) Ext:	<input type="text"/>	(59) Phone:	<input type="text"/>	(60) Ext:	<input type="text"/>																																										

<p>(61) Please describe below the controls your organization has in place to backup these persons in the event they are no longer employed by your organization or cannot complete these tasks.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>(62) Documentation of meals and supplements served must be made at point of service. Point of service is defined as the place and time at which meals are served. Please describe below how your organization ensures that meals are documented at point of service. (NOTE: Required ONLY for Sponsors of Centers NOT for Sponsors of homes.)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Please be specific when answering the question #61</p> <p>Disregard question #62 if no centers</p>
--	---

<p>Civil Rights Annual Requirement</p> <hr/> <p>Civil Rights Compliance for Sponsors of Day Care Homes</p> <p>(63) Does your program annually monitor civil rights compliance? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(64) Is an annual Civil Rights Review form kept in each providers file for review? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Civil Rights Compliance for Sponsors of Centers</p> <p>As part of the requirement for civil rights compliance you must provide information concerning the number of children in each racial/ethnic category attending your program on an annual basis. In the event that one or more racial/ethnic categories are not represented in your program, please enter a zero (0). Sponsors of Centers attempting to submit this form with blank or empty category counts will be returned an error.</p> <p style="text-align: center;">Indicate the appropriate NUMBERS (not percentage) in the boxes below.</p>	<p>FDCH Sponsors answer questions #63 & # 64.</p>
--	---

<p>Certification</p> <hr/> <p>(74) <input type="radio"/> Yes <input type="radio"/> No The management plan on file with the State agency is complete and up to date.</p> <p>(75) <input type="radio"/> Yes <input type="radio"/> No No sponsored facility, principal of a sponsored facility, the Institution itself, and/or the Institution's principals, are currently on the CACFP National Disqualified List.</p> <p>(76) <input type="radio"/> Yes <input type="radio"/> No The outside employment policy most recently submitted to the State agency remains current and in effect.</p> <p>(77) <input type="radio"/> Yes <input type="radio"/> No A budget for the upcoming year has been submitted to the State agency.</p> <p>(78) <input type="radio"/> Yes <input type="radio"/> No The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency.</p> <p>(79) <input type="radio"/> Yes <input type="radio"/> No The list of any publicly funded programs, institutions and principals having participated in the past seven years is current.</p> <p>(80) <input type="radio"/> Yes <input type="radio"/> No The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements in the past seven years.</p> <p>(81) <input type="radio"/> Yes <input type="radio"/> No No principals of the Institution have been convicted of any activity that occurred during the past seven years indicating a lack of business integrity.</p> <p>(82) <input type="radio"/> Yes <input type="radio"/> No The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii).</p> <p>(83) <input type="radio"/> Yes <input type="radio"/> No I certify, by submission of this Sponsor Information Sheet, that neither the Sponsor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If I am unable to certify to any of the statements in this certification, I will submit an explanation to Child Nutrition Programs.</p> <p>(84) <input type="radio"/> Yes <input type="radio"/> No Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.</p>	<p>Check after reading each statement.</p> <p>Fill in all publicly funded programs.</p>
---	---

<p>(85) List the publicly funded programs in which this institution and its principals have participated in the past seven years.</p> <div style="border: 1px solid black; padding: 5px; min-height: 30px;">CC Grant, CACFP</div> <p>Institutions and individuals providing false certifications will be placed on the National disqualified list and will be subject to any other applicable civil or criminal penalties.</p>	
---	--

<p>For Sponsor of Family Day Care Homes</p> <p>(86) <input type="checkbox"/> I certify that the information submitted to the State Agency on the information sheet, the management plan, and the budget and its attachments is true and accurate to the best of my knowledge; that I will accept final administrative and financial responsibility for the total Child and Adult Care Food Program operations at all facilities under my sponsorship; that the reimbursement will be claimed only for meals served to enrolled children, that meals claimed for a provider's child are eligible for free or reduced-price meals; that the CACFP will be available to all eligible enrolled children without regard to race, color, sex, national origin, age, or disability at the approved food service facilities; and that these food service facilities have capability for the meal service planned for the number of children anticipated. I understand that this information is being given in connection with receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.</p>	<p>Check the box of the paragraph when you have read completely.</p>
---	--

<p>(88) <input type="text" value="John Smith"/> (89) <input type="text" value="5/5/1975"/> Name of Food Program Contact Birthdate</p> <p>(90) <input type="text" value="567 Circle Street, Juneau, AK 99801"/> Mailing Address of Food Program Contact</p> <p>(91) <input type="text" value="Jane Smith"/> (92) <input type="text" value="3/28/1977"/> Name of Executive Director or Owner Birthdate</p> <p>(93) <input type="text" value="567 Circle Street, Juneau, AK 99801"/> Mailing Address of Executive Director or Owner</p> <p>(94) <input type="text" value="John Smith"/> (95) <input type="text" value="5/5/1975"/> Name of Chairman of the Board of Directors or Owner Birthdate</p> <p>(96) <input type="text" value="567 Circle Street, Juneau, AK 99801"/> Mailing Address of Chairman of the Board of Directors or Owner</p> <p>(97) General Comments: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> </p>	<p>Review your responsible parties and update all information with home addresses of each contact. These people are responsible for the CACFP</p> <p>Submit comments as necessary.</p>
---	---

<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> </div>	<p>Click “Submit” to save the updated information.</p>
---	---

<div style="background-color: #f4a460; text-align: center; padding: 5px; border: 1px solid black;">Post Confirmation</div> <p>The Sponsor Information Sheet was posted to the database with a status of Pending Submission.</p> <p>When you have completed entering all of the forms required, please submit them to EED for final approval.</p> <p>Click here to go to the Sponsor Information Sheet Listing or select another option from the menu above.</p>	<p>After clicking “Submit” you will see this screen. The sponsor information sheet is now in Pending Submission. Now you need to update your provider information sheets by clicking “here” you will be brought back to the Sponsor Summary Page.</p>
---	--

Sponsor Summary

CACFP New Sponsor (500)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet		Add
Provider Info Sheet	Click here to Add a New Provider			
1670 Olseon, Jenni		No Information Sheet		Add

Click on “[Add](#)” to update the provider information sheet(s).

If you have new providers to add click the “[here](#)” button.

(1) 2006-2007 Program Year

(2) Provider ID 0 (3) Provider Birthdate Pending Submission

(4) Start Date (5) Termination Date **New Application**

(6) Closed Date (7) Termination Reason

(8) Provider Type : ☐ Licensed ☐ Approved ☐ Group Homes ☐ Military

↓ Bottom of Form

Some of the information from prior years will roll forward. Review Home and License information and update as necessary.

Termination Date & Reason is only used for Serious Deficient Providers

Home Information	License Information
(9) Lic. Holder <input type="text"/>	(18) Lic. Number <input type="text"/>
(10) Owner <input type="text"/>	(19) Capacity <input type="text"/>
(11) Lic. Addr1 <input type="text"/>	(20) Enrolled Children <input type="text"/>
(12) Lic. Addr2 <input type="text"/>	(21) Effective Date <input type="text"/>
(13) Lic. City <input type="text"/>	(22) Expiration Date <input type="text"/>
(14) Lic. State <input type="text"/> (15) Zip Code <input type="text"/>	
(16) Lic. County <input type="text"/>	
(17) Lic. Phone <input type="text"/>	

Start date should be when they began with your program (could be prior to FY17).

Enrolled children must be greater than 0 ... you may enter 1 and then update as the provider gets more children enrolled.

Meal Service		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
Meal Type		Occ Svc	Shift	Begin Time	End Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
(23)	<input type="checkbox"/> Breakfast	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(24)	<input type="checkbox"/> AM Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(25)	<input type="checkbox"/> Lunch	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(26)	<input type="checkbox"/> PM Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(27)	<input type="checkbox"/> Supper	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(28)	<input type="checkbox"/> Night Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(29) Are you **CLOSED** on any of the following Holidays? ☐ Yes ☐ No (If "Yes", Check all that apply)

☐ New Years ☐ Presidents Day ☐ Martin Luther King ☐ Columbus Day
☐ Alaska Day ☐ Veterans Day ☐ Memorial Day ☐ Labor Day
☐ Independence Day ☐ Easter ☐ Thanksgiving ☐ Christmas
☐ Seward's Day

☐ Check if there any special days, besides those listed above, on which your facility will be closed.

Update Meal Service information. Enter meal type, if meal is occasionally served, if it is a shift meal, begin/end times from drop down box and days of week. Answer question and check boxes if the answer was yes.

Eligibility Information

(30) How many of your own Children under 12 do you claim?

(31) Is a Confidential Income Statement on file to Claim own Children? ☐ Yes ☒ No

(32) Does this home qualify for? ☐ Tier I ☐ Tier II ☒ Tier II Mixed

Tier I Homes Only

(33) Eligibility determination was by? ☐ School Data ☐ Census Tract ☐ Income Application

(34) Certification Date Certification Period Remaining (Months):

(35) If **School Data**, enter School Name and Free/Reduced percentage:

School Name:

Percent of Free/Reduced-priced Eligible: %

(36) If **Census Tract**, Census Tract Number

Answer questions.

Certification date no later than **9/30/16** (good for 5 years). Census data will come forward from last year.

Certification date for School = 10/1/___ with year you made the Tier I determination (good for 5 years)

Certification date for Income is good for 1 year

Tier II Mixed Homes Only

(37) Is Income Eligibility on file with the sponsor for all children whose meals are claimed at the Tier II High reimbursement rate? ☐ Yes ☐ No

Months of Operation

(38) Months of Operation

(39) Tier Level for Month

Set All Tier Levels: (I-Tier I II-Tier II M-Tier II Mixed)

Answer question.

Verify tier status. Pull down menu for blank, Tier I, Tier II, and Mixed.

Sponsor Certification

(40) ☐ I hereby certify that this home is not participating in the Child and Adult Care Food Program under any other sponsoring organization. I further certify that all the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that department officials may, for cause, verify information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.

☐ Check here to submit this form to the State for Approval

Created By: martin

Date Created: 11/5/2007

Modified By: martin

Date Modified: 12/3/2007

[↑ Top of Form](#)

Submit

Cancel

Check box to certify the home is not participating under any other sponsoring organization. You will ask the provider and CNP will check the database for accuracy.

Check box when ready for CNP approval.

Click "Submit" to save information and also when you're submitting to CNP.

Post Confirmation

The **Provider Application** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by EED. Please return to the entry form to review the errors and make the necessary corrections.

Click [here](#) to go to the Provider Application Listing or select another option from the menu above.

If you have not fully completed the form an Error message will come up ... otherwise it will show pending approval. You can go back in and "Edit" the provider sheet at any time.

↓ Bottom of Form

Sponsor Summary

CACFP New Sponsor (500)

Packet		Applications	Claims	Payments	Users
Item	Req	On-Line Forms Description		Count/Date	Status
1	*	Sponsor Information Sheet			Pending Submission
2	*	Center Information Sheets		1 of 1	Pending Submission

☐ Check here and click on the "Submit" button below to submit forms to the State for Approval.
(Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

Submit

↑ Top of Form

When you're finished and ready for approval go to the "Packet" bar and check the box and click "Submit".
(There will not be a check box if you're missing providers or there are errors).

CNP will review your updates.

CNP will approve your submission when all of your paperwork is filed with CNP. Please refer to the E-mail with the checklist of required items attached.

Sponsoring Organizations of Day Care Homes Summary page will have Provider Information Sheets vs. Center Information Sheets and will show how many providers you have submitted. If you have providers who do not renew in FY2017 you'll need to go into FY2016 and submit a close date for them so they don't show up as missing in FY2017.